Only

STATEMENT OF

PAGE 1 / 15 =

FEC FORM 1			RGAN		ON						Office	lles C	Sml .		
1. NAME OF			Check if name	e Ex	ample: If ty	yping, tyj	ре	121	E4N		Office	Use C	rily		
COMMITTEE (in	r full)		s changed)		er the line			121	· E41	VIO	_	-			
Friends of .	John	Thune													
ADDRESS (number a	nd street)	PO Box	841												
(Check if a is changed		1		1 1 1		1 1	I I I	1 1		ll	1 1	1 1	ı	1 1	
is changed	<i>1)</i>	Sioux Fa	alls				.	SD	1	5	7101-		1_		
		C	ITY 🛦					STAT	ΕΔ			Z	 IP C	ODE A	
COMMITTEE'S E-MA	AIL ADDR	ESS													
(Check if a is changed		bbuell	@johnthune	e.com											
		Optional	Second E-Ma	ail Address											
COMMITTEE'S WEB (Check if a is changed	address	,	RL) nthune.com												
2. DATE 1	M / D	D / Y	Y Y Y 2022												
3. FEC IDENTIFIC	CATION N	IUMBER	C	C004095	581										
4. IS THIS STATEM	MENT :	K NEW	(N) O	R [AM	ENDED	(A)								
certify that I have e	examined	this Stateme	ent and to the	best of my	knowledg	e and be	elief it i	s true	corre	ect ar	nd co	mplet	e.		
Type or Print Name	of Treasur	er Buell, Ba	arb Dep Treasu	ırer, , ,											
Signature of Treasure	er Bue	ll, Barb Dep Ti	reasurer, , ,		[Electron	ically File	<u>d]</u>	Date	М	11	/	08		202	2
NOTE: Submission of	false, erro		omplete inform	-							e per	alties	of 52	U.S.C	. §30109
Office Use					Federal E	er informa Election Co 800-424-9	mmissio						FOR ed 06/2	M 1 2012)	

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Thune, John, R., ,	
	Candidate Party Affiliation Office Sought: House Senate President	State SD District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, or	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	O).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	C	

I	FEC Form 1 (Revised 02/2009)	Page 3
V	Vrite or Type Commit		
		f John Thune	
6.	=	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	Commonsens	se, Conservative Values PAC	
	Mailing Address	PO Box 504	
		Sioux Falls SD 57	101-0504
		OITY A STATE A	7ID 00DE A
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in pos	session of committee
	books and records.		
	E	Buell, Barb, , ,	
	Full Name		
	Mailing Address	1601 E 69th St	
		Ste 300	
		Sioux Falls SD 57'	108-8322
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Record	ds 605 Telephone number 605	_ 221 _ 1010
		Telephone number	
_	Transcrivent Liet the	none and address (above number and the transport of the committees and the	
8.		name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	e name and address of
	Full Name E	Buell, Barb Dep Treasurer, , ,	
	of Treasurer		
	Mailing Address	PO Box 841	
	J		
		O'com Falls	404 0044
		Sioux Falls SD 57	101-0841
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Buell, Barb, , ,	
Mailing Address	1601 E 69th St	
	Ste 300	
	Sioux Falls SD	57108-8322
Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲
Designated Agen		605 - 221 - 1010
	Depositories: List all banks or other depositories in which the committee depositories or maintains funds.	sits funds, holds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	BB&T 1909 K St NW	
	Washington DC CITY A STATE	
Name of Bank, D		
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE	▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017) for Lines 5(g

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Heartland Values	PAC		
Mailing Address	PO Box 505		
	Sioux Falls	SD	57101-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, First II	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the Position of the Deposite of the Deposite of the Position of the Deposite of the Deposit	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, First II epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Interstate Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, First II epository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Interstate Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2		FEC ID number C
	3.		FEC ID number C
	4		FEC ID number C
6.	Name of Any Connected Thune Victory Con		sing Representative, or Leadership PAC Sponsor
	Mailing Address	PO Box 9891	
		Arlington	VA 22219-1891
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
	safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds. b Institutional	ne committee deposits funds, holds accounts, rents
	Depository, etc.	ß133 East Camel Back Road	
	Mailing Address	100 200 00.100 200 1000	
		Phoenix	AZ 85016 -

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisin	g Participant:		
1.	FI	EC ID number	C
2.	FI	EC ID number	C
3.	FI	EC ID number	C
4.	FI	EC ID number	С
Name of Any Connected Cornyn Victory Co	Organization, Affiliated Committee, Joint Fundraisin	g Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 13026		
	Austin	TX	78711-3026
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		draising Representa	ative Leadership PAC Spon
Designated Agent: Identify Full Name	Organization Affiliated Committee Joint Fund by name, address (phone number – optional)	draising Representa	ative Leadership PAC Spons
Designated Agent: Identify		draising Representa	Leadership PAC Spons
Designated Agent: Identify Full Name		draising Representa	Leadership PAC Spons
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	draising Representation	Leadership PAC Spon
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical deposition of Bank, Truist	by name, address (phone number – optional) CITY Telepho ies: List all banks or other depositories in which the o	STATE A	ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY Telepho ies: List all banks or other depositories in which the o	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical deposition of Bank, Truist	by name, address (phone number – optional) CITY CITY Telepho ies: List all banks or other depositories in which the crintains funds.	STATE A	ZIP CODE A
Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Telepho ies: List all banks or other depositories in which the crintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) (or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Take Back the Se	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	425 2nd St NE		<u> </u>
		Washington	DC DC	20002-4914
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	_		ZIP CODE A
9.		Tel	STATE ▲ ephone Number	
9.	Banks or Other Depositor	Tel	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Tel	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tel	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tel	STATE ▲ ephone Number	

FEC Form 1S (Revised 02/2017)

Banks or Other Depositors of Bank, Depository, etc. Mailing Address	ories: List all banks aintains funds.	or other depositories in	which the comm	ittee deposi	s funds, h	olds accounts, rents
Name of Bank, Depository, etc.	ories: List all banks aintains funds.	or other depositories in	which the comm	ittee deposi	s funds, h	olds accounts, rents
Name of Bank, Depository, etc.	ories: List all banks aintains funds.	or other depositories in	which the comm	ittee deposi	ts funds, h	olds accounts, rents
safety deposit boxes or ma	ories: List all banks aintains funds.	or other depositories in	which the comm	nittee deposit	ts funds, h	olds accounts, rents
Banks or Other Deposito	ories: List all banks aintains funds.	or other depositories in	which the comm	ittee deposi	ts funds, h	olds accounts, rents
			Telephone I	Number		
TITLE OR POSITION	▼	CITY A		STATE ▲		ZIP CODE ▲
Mailing Address						
Full Name						
Designated Agent: Identif	y by name, address	s (phone number – optior	al)			
Connecte	d Organization	Affiliated Committee	Joint Fundraisii	ng Represent	ative	Leadership PAC Spor
Relationship:		CITY A		STATE A		ZIP CODE ▲
	Alexandria		, , , , I	VA	223	4-5404
	Ste 115					
Mailing Address	228 S Washingto	on St				
Name of Any Connected Tillis and Colleag			Fundraising Re	presentativ	e, or Lead	lership PAC Sponso
4.			FEC	D number	C	
				D number	C	
3.				D number	C	
2.				D number	C	

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Friends of Mitt JFC	, 		
	Mailing Address	138 Conant St 2nd Flr		
		C/O Red Curve Solutions		
		Beverly	MA MA	01915-1666
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
	Full Name	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or mair Name of Bank,	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Team McConnell			
	Mailing Address	228 S Washington St		
	Mailing Address	Ste 115		
		Alexandria	, , VA ,	22314-5404
	Deletienskin			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
 8. 9. 	Full Name	CITY A Te ies: List all banks or other depositories in which	STATE STATE lephone Number	ZIP CODE A
	Full Name	CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE STATE lephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ZIP CODE S funds, holds accounts, rents

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
2022 Senators CI	assic Committee		
Mailing Address	228 S Washington St		
Mailing Address	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraising	Participant:			
1.		FE	C ID number	C
2.		 FE	C ID number	C
3.		 _	C ID number	С
4.		 _	C ID number	C
		t Fundraising	Representative	e, or Leadership PAC Sponsor
Thune Young Victo	ory			1 1 1 1 1 1 1 1 1 1
	228 S Washington St			
Mailing Address				
			VA	22314-5404
Relationship:	CITY ▲	_	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	✗ Joint Fundra	aising Representa	ative Leadership PAC Sponsor
esignated Agent: Identify	by name, address (phone number - option	onal)		
Full Name				
Mailing Address				
		_ _ _		1 1 1 1 1 1 1 1 1 1 1
	 			1 , , , , [-] , , ,
TITLE OR POSITION 1	CITY A		STATE ▲	ZIP CODE ▲
	· 	Telephor	ne Number	
		· ———		
anks or Other Depositorion	es: List all banks or other depositories in	which the co	mmittee deposit	s funds, holds accounts, rents
afety deposit boxes or main	ntains funds.			
lame of Bank, epository, etc.				
Mailing Address				
	<u> </u>	1 1 1 1		
				1
	CITY ▲		STATE ▲	ZIP CODE ▲
	1.	1.	1	Thune Young Victory Mailing Address 228 S Washington St Alexandria Relationship: Connected Organization Affiliated Committee, Joint Fundraising Representative Thune Young Victory Mailing Address Ste 115 Alexandria Affiliated Committee Joint Fundraising Represents VA STATE Connected Organization Affiliated Committee Joint Fundraising Represents Telephone Number Title OR POSITION CITY STATE Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrry Committee	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St		
	Mailing Address	Ste 115		
		Alexandria	, VA	22314-5404
	Delationahin			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	IIILE ON FOSITION	1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Full Name								
coignated Agent. Identity	y by name, addic	33 (prioric ridiribei	optional)					
esignated Agent: Identify	y by name, addre	ess (phone number –	optional)					
Connected	d Organization	Allillated Golfffillated	Oomit	- unutaioning	Портозопи	uive	Leadership	TAO OPOI
	d Organization	Affiliated Committee	X Joint	Fundraising		tive	Leadership I	
Relationship:		CITY A			STATE A		ZIP COD	EA
	Alexandria				, VA	2231	4-5404	
-	Ste 115							
Mailing Address	228 S Washing	gton St			1 1 1			